

2026 CREEK KIDS K-2 CAMP

For Office Use Only Cabin: _____

MEDICATION ADMINISTRATION FORM

(Complete this form to authorize our team to administer ANY medications, prescription or OTC.)

I give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions:

Acetaminophen / Ibuprofen / Benadryl / Cetirizine / Kids Pepto or Tums / Cortisone 10

I would prefer my child not be administered the following from the above list: _____

Student Last Name: _____ Student First Name: _____ Grade: _____

List Medicine Below	Circle Frequency	FRI			SAT				SUN				MON			
		Lun	Sup	Bed	Brk	Lun	Sup	Bed	Brk	Lun	Sup	Bed	Brk	Lun	Sup	Bed
	Brk Lun Sup Bed PRN															
	Brk Lun Sup Bed PRN															
	Brk Lun Sup Bed PRN															
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	Brk Lun Sup Bed PRN															
	Brk Lun Sup Bed PRN															
	Brk Lun Sup Bed PRN															

Legibly list each medication on a separate line.

- ❖ Circle time of day medication should be given. (see key below)
- ❖ All medications must be in the original container, with dosing instructions clearly labeled. This is a state law.
- ❖ Send only the amount of controlled substance needed while at K-2 CAMP, for example, ADHD meds taken at breakfast – you only need to send for 3 pills.
- ❖ Each student's medicine(s) should be in a zip lock bag with their name clearly labeled on the bag.
- ❖ Campers with asthma who use rescue inhalers should bring **two**. One to keep, and a backup to be left with the sponsor administering medications.
- ❖ Please do not send vitamins or any other over-the-counter medications/supplements that your child can do without for two days.
- ❖ **Please do not write on highlighted area above. This area is for our LEADER's use only.**

DATES ADMINISTERED: June 26th thru June 27th, 2026

Parent Signature: _____ Date: _____

During the K-2 CAMP your child's medications were administered by: _____

Frequency Key: **Brk**=Breakfast **Lun**= Lunch **Sup**= Supper **Bed**=Bedtime **PRN**=Prescribed as needed

Please use the **Bed** designation only for those medications that must be given just before sleep **due to medical reasons**, otherwise please circle **Sup**.